



Incident Report

Print Date/Time: 12/30/2015 09:35

Login ID: ss0137

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2015-00203228

Incident Date/Time: 12/18/2015 6:38:00 PM
Location: SOPER HILL RD / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 737-3159
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0138-Fiske SS0126-Hingtgen
19N2	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WSP					
2	Reporting Party	TIM, NORSKY		(425) 737-3159			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E495805

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	2015-00203228
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	12	-	18	-	2015			1840	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9 NE	BLOCK NO.	
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
				SOPER HILL RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253459221
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LAST NAME	ROTH	FIRST NAME	MARY	MIDDLE INITIAL	K
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STREET NEW ADDRESS	1906 HOYT AVE
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CITY	EVERETT	ST	WA	ZIP	982012238
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ROTH*MK112CN	STATE	WA	SEX	F	D.O.B. MMDDYYYY	02	-	15	-	1989
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AHC0044	STATE	WA	VIN#	1FALP6536WK134061
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	FORD	MODEL	CON4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JOSHUA ROTH 31719 78TH DR NW STANWOOD WA 98292

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS G00754024900
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606325227
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LAST NAME	MORAN	FIRST NAME	KENZIE	MIDDLE INITIAL	D
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STREET NEW ADDRESS	2033 187TH PL SE
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CITY	BOTHELL	ST	WA	ZIP	980128725
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MORANKD012DB	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03	-	02	-	1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES
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LICENSE PLATE #	WT4ME2	STATE	WA	VIN#	JT3HP10V3Y0241003
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2000	MAKE	TOYO	MODEL	RAV4D	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MARY REHBERG 804 87TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 016267190U
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. HEINEMANN	BADGE OR ID #	0133	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E495805**CASE # **2015-00203228**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On the listed date and time Unit 1 was traveling northbound on SR 9 NE at Soper Hill RD. Unit 1 failed to slow/stop for the traffic in front of her and collided with the back of Unit 2. The driver was transported for minor injuries, (possible concussion). Unit 2 was towed privately, unit 1 was left on the shoulder.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN
12-19-15 11:17 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
12/20/2015 4:44:33 AM

BADGE OR ID #	0133	ORI #	WA0311900	TIME POLICE DISPATCHED	6:40 PM	TIME POLICE ARRIVED	6:44 PM
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REPORT NO. E495805

CASE # 2015-00203228

DATE AND TIME
OF COLLISION 12/18/15 18:40

